U S Department of Labor Office of Labor-Management Standards Washington, DC 20210 7 1

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9799	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name James Spain	Name Operating Engineers Local Union No 3
-	Labor Organization File Number 1035-651
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 697 Lincoln Avenue	Street 1620 South Loop Road
City Rohnert Park	City Alameda
State California ZIP Code + 4 94928	State California ZIP Code + 4 94502
5 Position in labor organization Executive Board Member	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name	
Trade Name, If any	
P O Box, Bldg , Room No , if any	
	7 b Amount.
Street	
City	
State ZIP Code + 4	
Signature Com D. The So	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Fam O. Spans	On 8-11-08 707-665-9409
	Date Telephone Number

File Number U-Name of Person Filing James Spain B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Operating Engineers Credit Union a Labor Organization Trade Name, if any **b** Trust P O Box, Bldg , Room No , if any c Employer Street 250 North Canyons Parkway Livermore ZIP Code + 4 94551 State California 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Local Union credit union Name Trade Name, if any P O Box, Bldg, Room No, if any Street N/A 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Board meeting fee. State C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment. 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any

14 b Amount of payment

Street

City

State

P O Box, Bldg , Room No , if any

13 b Is the Business an Employer

ZIP Code + 4

or Consultant